

**Fill in this information to identify your case:**

|                                         |                                  |             |           |
|-----------------------------------------|----------------------------------|-------------|-----------|
| Debtor 1                                | <b>Robin R Lutes</b>             |             |           |
|                                         | First Name                       | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)         |                                  |             |           |
|                                         | First Name                       | Middle Name | Last Name |
| United States Bankruptcy Court for the: | WESTERN DISTRICT OF PENNSYLVANIA |             |           |
| Case number<br>(if known)               | 23-20120                         |             |           |

☐ Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

|     |                                                               | Your assets<br>Value of what you own |
|-----|---------------------------------------------------------------|--------------------------------------|
| 1.  | <b>Schedule A/B: Property</b> (Official Form 106A/B)          |                                      |
| 1a. | Copy line 55, Total real estate, from Schedule A/B.....       | \$ 180,000.00                        |
| 1b. | Copy line 62, Total personal property, from Schedule A/B..... | \$ 24,422.00                         |
| 1c. | Copy line 63, Total of all property on Schedule A/B.....      | \$ 204,422.00                        |

#### Part 2: Summarize Your Liabilities

|                               |                                                                                                                                   | Your liabilities<br>Amount you owe |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 2.                            | <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)                                             |                                    |
| 2a.                           | Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ... | \$ 168,919.00                      |
| 3.                            | <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)                                                   |                                    |
| 3a.                           | Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....                           | \$ 15,010.00                       |
| 3b.                           | Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....                        | \$ 266,024.00                      |
| <b>Your total liabilities</b> |                                                                                                                                   | \$ 449,953.00                      |

#### Part 3: Summarize Your Income and Expenses

|    |                                                                                                                                  |             |
|----|----------------------------------------------------------------------------------------------------------------------------------|-------------|
| 4. | <b>Schedule I: Your Income</b> (Official Form 106I)<br>Copy your combined monthly income from line 12 of <i>Schedule I</i> ..... | \$ 5,597.99 |
| 5. | <b>Schedule J: Your Expenses</b> (Official Form 106J)<br>Copy your monthly expenses from line 22c of <i>Schedule J</i> .....     | \$ 3,397.54 |

#### Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

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8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **3,201.99**

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

|                                                                                                                              | Total claim          |
|------------------------------------------------------------------------------------------------------------------------------|----------------------|
| <b>From Part 4 on <i>Schedule E/F</i>, copy the following:</b>                                                               |                      |
| 9a. Domestic support obligations (Copy line 6a.)                                                                             | \$ <b>0.00</b>       |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)                                                    | \$ <b>15,010.00</b>  |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)                                          | \$ <b>0.00</b>       |
| 9d. Student loans. (Copy line 6f.)                                                                                           | \$ <b>199,013.00</b> |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ <b>0.00</b>       |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$ <b>0.00</b>      |
| 9g. <b>Total.</b> Add lines 9a through 9f.                                                                                   | \$ <b>214,023.00</b> |

Fill in this information to identify your case and this filing:

Debtor 1 **Robin R Lutes**  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **WESTERN DISTRICT OF PENNSYLVANIA**

Case number **23-20120**

☐ Check if this is an amended filing

Official Form 106A/B  
**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1

**519 Greensburg Pike**

Street address, if available, or other description

**West Newton** **PA** **15089-0000**  
City State ZIP Code

**Westmoreland**  
County

What is the property? Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other

Who has an interest in the property? Check one

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

**Residence**

**Fair Market Value Determined By Comparable Sales**

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **\$180,000.00**

Current value of the portion you own? **\$180,000.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Fee simple**

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

**\$180,000.00**

**Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

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**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- ☐ No  
☒ Yes

3.1 Make: **Ram**  
 Model: **1500**  
 Year: **2016**  
 Approximate mileage: \_\_\_\_\_  
 Other information: \_\_\_\_\_

**Location: 519 Greensburg Pike,  
 West Newton PA 15089**

**Who has an interest in the property?** Check one

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this is community property  
 (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?**

**Current value of the portion you own?**

**\$18,700.00**

**\$18,700.00**

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

*Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories*

- ☒ No  
☐ Yes

**5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>**

**\$18,700.00**

**Part 3: Describe Your Personal and Household Items**

**Do you own or have any legal or equitable interest in any of the following items?**

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

*Examples: Major appliances, furniture, linens, china, kitchenware*

- ☐ No  
☒ Yes. Describe.....

**Various Household Goods & Furnishings  
 Summary Available Upon Request  
 Location: 519 Greensburg Pike, West Newton PA 15089**

**\$3,000.00**

**7. Electronics**

*Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games*

- ☐ No  
☒ Yes. Describe.....

**Miscellaneous Electronics  
 Summary Available Upon Request  
 Location: 519 Greensburg Pike, West Newton PA 15089**

**\$2,000.00**

**8. Collectibles of value**

*Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles*

- ☒ No  
☐ Yes. Describe.....

**9. Equipment for sports and hobbies**

*Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments*

- ☒ No  
☐ Yes. Describe.....

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**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

☐ No

☒ Yes. Describe.....

**1 Gun**

**Location: 519 Greensburg Pike, West Newton PA 15089**

**\$200.00**

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

**Clothing**

**Location: 519 Greensburg Pike, West Newton PA 15089**

**\$300.00**

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

**Jewelry**

**Location: 519 Greensburg Pike, West Newton PA 15089**

**\$100.00**

**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

☐ No

☒ Yes. Describe.....

**2 cats**

**Location: 519 Greensburg Pike, West Newton PA 15089**

**\$0.00**

**14. Any other personal and household items you did not already list, including any health aids you did not list**

☒ No

☐ Yes. Give specific information.....

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....**

**\$5,600.00**

**Part 4: Describe Your Financial Assets**

**Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes.....

**Cash**

**\$26.00**

**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

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☒ Yes.....

Institution name:

17.1. **Checking**

**PNC Bank**

**\$88.00**

17.2. **Savings**

**PNC Bank**

**\$5.00**

17.3. **Checking**

**PNC Bank**

**\$3.00**

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples: Bond funds, investment accounts with brokerage firms, money market accounts*

☒ No

☐ Yes.....

Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.

*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them

Issuer name:

**21. Retirement or pension accounts**

*Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans*

☒ No

☐ Yes. List each account separately.

Type of account:

Institution name:

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others*

☒ No

☐ Yes. ....

Institution name or individual:

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes.....

Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☒ No

☐ Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples: Internet domain names, websites, proceeds from royalties and licensing agreements*

☒ No

☐ Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

*Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses*

☒ No

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☐ Yes. Give specific information about them...

**Money or property owed to you?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

- ☒ No  
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**29. Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No  
☐ Yes. Give specific information.....

**30. Other amounts someone owes you**

*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No  
☐ Yes. Give specific information..

**31. Interests in insurance policies**

*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☐ No  
☒ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

**American National Life Term Life Insurance**

**Son**

**\$0.00**

**Term Life Insurance Though United Health Care**

**Son**

**\$0.00**

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- ☒ No  
☐ Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

*Examples:* Accidents, employment disputes, insurance claims, or rights to sue

- ☒ No  
☐ Yes. Describe each claim.....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

- ☒ No  
☐ Yes. Describe each claim.....

**35. Any financial assets you did not already list**

- ☒ No  
☐ Yes. Give specific information..

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

**\$122.00**

**Part 5:** Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

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37. Do you own or have any legal or equitable interest in any business-related property?

- ☒ No. Go to Part 6.  
☐ Yes. Go to line 38.

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
 If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.  
☐ Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

53. Do you have other property of any kind you did not already list?

*Examples: Season tickets, country club membership*

- ☒ No  
☐ Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here .....

**\$0.00**

**Part 8: List the Totals of Each Part of this Form**

|                                                                  |                    |                                                 |
|------------------------------------------------------------------|--------------------|-------------------------------------------------|
| 55. Part 1: Total real estate, line 2 .....                      |                    | <b>\$180,000.00</b>                             |
| 56. Part 2: Total vehicles, line 5                               | <b>\$18,700.00</b> |                                                 |
| 57. Part 3: Total personal and household items, line 15          | <b>\$5,600.00</b>  |                                                 |
| 58. Part 4: Total financial assets, line 36                      | <b>\$122.00</b>    |                                                 |
| 59. Part 5: Total business-related property, line 45             | <b>\$0.00</b>      |                                                 |
| 60. Part 6: Total farm- and fishing-related property, line 52    | <b>\$0.00</b>      |                                                 |
| 61. Part 7: Total other property not listed, line 54             | <b>\$0.00</b>      |                                                 |
|                                                                  | +                  |                                                 |
| 62. Total personal property. Add lines 56 through 61...          | <b>\$24,422.00</b> | Copy personal property total <b>\$24,422.00</b> |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62 |                    | <b>\$204,422.00</b>                             |



**Fill in this information to identify your case:**

|                                         |                                  |             |           |
|-----------------------------------------|----------------------------------|-------------|-----------|
| Debtor 1                                | <b>Robin R Lutes</b>             |             |           |
|                                         | First Name                       | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)         |                                  |             |           |
|                                         | First Name                       | Middle Name | Last Name |
| United States Bankruptcy Court for the: | WESTERN DISTRICT OF PENNSYLVANIA |             |           |
| Case number<br>(if known)               | <b>23-20120</b>                  |             |           |

☐ Check if this is an amended filing
**Official Form 106C****Schedule C: The Property You Claim as Exempt****4/22**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property                                                                            | Current value of the portion you own<br><small>Copy the value from <i>Schedule A/B</i></small> | Amount of the exemption you claim<br><small>Check only one box for each exemption.</small>                                                  | Specific laws that allow exemption |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 519 Greensburg Pike West Newton, PA 15089 Westmoreland County Residence<br>Fair Market Value Determined By Comparable Sales<br>Line from <i>Schedule A/B</i> : 1.1    | \$180,000.00                                                                                   | <input checked="" type="checkbox"/> \$18,060.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(1)              |
| 2016 Ram 1500<br>Location: 519 Greensburg Pike, West Newton PA 15089<br>Line from <i>Schedule A/B</i> : 3.1                                                           | \$18,700.00                                                                                    | <input checked="" type="checkbox"/> \$4,450.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit  | 11 U.S.C. § 522(d)(2)              |
| 2016 Ram 1500<br>Location: 519 Greensburg Pike, West Newton PA 15089<br>Line from <i>Schedule A/B</i> : 3.1                                                           | \$18,700.00                                                                                    | <input checked="" type="checkbox"/> \$7,271.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit  | 11 U.S.C. § 522(d)(5)              |
| Various Household Goods & Furnishings<br>Summary Available Upon Request<br>Location: 519 Greensburg Pike, West Newton PA 15089<br>Line from <i>Schedule A/B</i> : 6.1 | \$3,000.00                                                                                     | <input checked="" type="checkbox"/> \$3,000.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit  | 11 U.S.C. § 522(d)(3)              |

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| Brief description of the property and line on Schedule A/B that lists this property                                                                                    | Current value of the portion you own<br><small>Copy the value from Schedule A/B</small> | Amount of the exemption you claim<br><small>Check only one box for each exemption.</small>                                                        | Specific laws that allow exemption |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>Miscellaneous Electronics</b><br><b>Summary Available Upon Request</b><br><b>Location: 519 Greensburg Pike, West Newton PA 15089</b><br>Line from Schedule A/B: 7.1 | <b>\$2,000.00</b>                                                                       | <input checked="" type="checkbox"/> <b>\$2,000.00</b><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <b>11 U.S.C. § 522(d)(3)</b>       |
| <b>1 Gun</b><br><b>Location: 519 Greensburg Pike, West Newton PA 15089</b><br>Line from Schedule A/B: 10.1                                                             | <b>\$200.00</b>                                                                         | <input checked="" type="checkbox"/> <b>\$200.00</b><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit   | <b>11 U.S.C. § 522(d)(3)</b>       |
| <b>Clothing</b><br><b>Location: 519 Greensburg Pike, West Newton PA 15089</b><br>Line from Schedule A/B: 11.1                                                          | <b>\$300.00</b>                                                                         | <input checked="" type="checkbox"/> <b>\$300.00</b><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit   | <b>11 U.S.C. § 522(d)(3)</b>       |
| <b>Jewelry</b><br><b>Location: 519 Greensburg Pike, West Newton PA 15089</b><br>Line from Schedule A/B: 12.1                                                           | <b>\$100.00</b>                                                                         | <input checked="" type="checkbox"/> <b>\$100.00</b><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit   | <b>11 U.S.C. § 522(d)(4)</b>       |
| <b>2 cats</b><br><b>Location: 519 Greensburg Pike, West Newton PA 15089</b><br>Line from Schedule A/B: 13.1                                                            | <b>\$0.00</b>                                                                           | <input checked="" type="checkbox"/> <b>\$0.00</b><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit     | <b>11 U.S.C. § 522(d)(3)</b>       |
| <b>Cash</b><br>Line from Schedule A/B: 16.1                                                                                                                            | <b>\$26.00</b>                                                                          | <input checked="" type="checkbox"/> <b>\$26.00</b><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit    | <b>11 U.S.C. § 522(d)(5)</b>       |
| <b>Checking: PNC Bank</b><br>Line from Schedule A/B: 17.1                                                                                                              | <b>\$88.00</b>                                                                          | <input checked="" type="checkbox"/> <b>\$88.00</b><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit    | <b>11 U.S.C. § 522(d)(5)</b>       |
| <b>Savings: PNC Bank</b><br>Line from Schedule A/B: 17.2                                                                                                               | <b>\$5.00</b>                                                                           | <input checked="" type="checkbox"/> <b>\$5.00</b><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit     | <b>11 U.S.C. § 522(d)(5)</b>       |
| <b>Checking: PNC Bank</b><br>Line from Schedule A/B: 17.3                                                                                                              | <b>\$3.00</b>                                                                           | <input checked="" type="checkbox"/> <b>\$3.00</b><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit     | <b>11 U.S.C. § 522(d)(5)</b>       |
| <b>American National Life Term Life Insurance</b><br><b>Beneficiary: Son</b><br>Line from Schedule A/B: 31.1                                                           | <b>\$0.00</b>                                                                           | <input checked="" type="checkbox"/> <b>\$0.00</b><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit     | <b>11 U.S.C. § 522(d)(7)</b>       |
| <b>Term Life Insurance Though United Health Care</b><br><b>Beneficiary: Son</b><br>Line from Schedule A/B: 31.2                                                        | <b>\$0.00</b>                                                                           | <input checked="" type="checkbox"/> <b>\$0.00</b><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit     | <b>11 U.S.C. § 522(d)(7)</b>       |

Debtor 1 **Robin R Lutes**

Case number (if known) **23-20120**

3. **Are you claiming a homestead exemption of more than \$189,050?**

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

**Fill in this information to identify your case:**

|                                         |                                         |             |           |
|-----------------------------------------|-----------------------------------------|-------------|-----------|
| Debtor 1                                | <b>Robin R Lutes</b>                    |             |           |
|                                         | First Name                              | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)         |                                         |             |           |
|                                         | First Name                              | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <b>WESTERN DISTRICT OF PENNSYLVANIA</b> |             |           |
| Case number<br>(if known)               | <b>23-20120</b>                         |             |           |

☐ Check if this is an amended filing

**Official Form 106D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

**2.1 Quicken Loans**

Creditor's Name

**Attn: Bankruptcy  
1050 Woodward Avenue  
Detroit, MI 48226**

Number, Street, City, State & Zip Code

**Describe the property that secures the claim:**

**519 Greensburg Pike West Newton,  
PA 15089 Westmoreland County  
Residence  
Fair Market Value Determined By  
Comparable Sales**

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Nature of lien.** Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☒ Other (including a right to offset)

**Mortgage**

**Column A**

**Amount of claim**  
Do not deduct the value of collateral.

**\$161,940.00**

**Column B**

**Value of collateral that supports this claim**

**\$180,000.00**

**Column C**

**Unsecured portion If any**

**\$0.00**

**Who owes the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

**Opened**

**07/17 Last**

Date debt was incurred **Active 12/22**

Last 4 digits of account number **0939**

Debtor 1 **Robin R Lutes** Case number (if known) **23-20120**

First Name Middle Name Last Name

2.2 **Santander Consumer USA**

Creditor's Name

**Attn: Bankruptcy  
Po Box 961245  
Fort Worth, TX 76161**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

**\$6,979.00**

**\$18,700.00**

**\$0.00**

**2016 Ram 1500  
Location: 519 Greensburg Pike,  
West Newton PA 15089**

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

**Nature of lien.** Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

**Auto Loan**

**Who owes the debt?** Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

**Opened  
09/16 Last**

Date debt was incurred **Active 12/22**

Last 4 digits of account number **1000**

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$168,919.00**

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

**\$168,919.00**

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

**Fill in this information to identify your case:**

|                                         |                                  |             |           |
|-----------------------------------------|----------------------------------|-------------|-----------|
| Debtor 1                                | <b>Robin R Lutes</b>             |             |           |
|                                         | First Name                       | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)         |                                  |             |           |
|                                         | First Name                       | Middle Name | Last Name |
| United States Bankruptcy Court for the: | WESTERN DISTRICT OF PENNSYLVANIA |             |           |
| Case number<br>(if known)               | 23-20120                         |             |           |

☐ Check if this is an amended filing

## Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims against you?**
☐ No. Go to Part 2.

☒ Yes.
**2. List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Priority amount    | Nonpriority amount |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|
| 2.1 | <b>Internal Revenue Service</b><br>Priority Creditor's Name<br><b>Insolvency Unit</b><br><b>PO Box 7346</b><br><b>Philadelphia, PA 19101</b><br>Number Street City State Zip Code                                                                                                                                                                                                                                                                              | Last 4 digits of account number <b>2849</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>\$12,758.00</b> | <b>\$12,578.00</b> |
|     | <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>When was the debt incurred?</b><br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of PRIORITY unsecured claim:</b><br><input type="checkbox"/> Domestic support obligations<br><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government<br><input type="checkbox"/> Claims for death or personal injury while you were intoxicated<br><input type="checkbox"/> Other. Specify _____ | <b>\$180.00</b>    |                    |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Federal Income Tax</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                    |

Debtor 1 **Robin R Lutes**

Case number (if known) **23-20120**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |                   |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|---------------|
| 2.2                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>PA Department Of Revenue</b><br>Priority Creditor's Name<br><b>Bankruptcy Division</b><br><b>PO Box 788</b><br><b>Harrisburg, PA 17128</b><br>Number Street City State Zip Code | Last 4 digits of account number <b>2849</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>\$2,252.00</b> | <b>\$2,252.00</b> | <b>\$0.00</b> |
| Who incurred the debt? Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |                                                                                                                                                                                    | When was the debt incurred? _____<br><br>As of the date you file, the claim is: Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of PRIORITY unsecured claim:<br><input type="checkbox"/> Domestic support obligations<br><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government<br><input type="checkbox"/> Claims for death or personal injury while you were intoxicated<br><input type="checkbox"/> Other. Specify _____<br><b>State Income Tax</b> |                   |                   |               |

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 4.1                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Barclays Bank Delaware</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>Po Box 8801</b><br><b>Wilmington, DE 19899</b><br>Number Street City State Zip Code | Last 4 digits of account number <b>1765</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>\$5,731.00</b> |
| Who incurred the debt? Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |                                                                                                                                                                                   | When was the debt incurred? <b>Opened 05/15 Last Active 08/22</b><br><br>As of the date you file, the claim is: Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b> |                   |

Debtor 1 **Robin R Lutes**Case number (if known) **23-20120**

|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <div style="border: 1px solid black; padding: 2px;">4.2</div> | <b>Capital One</b><br>Nonpriority Creditor's Name<br><b>Attn: Bnakruptcy</b><br><b>P.O. Box 30285</b><br><b>Salt Lake City, UT 84130</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this claim is for a community debt</b><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u><b>1096</b></u><br><br><b>When was the debt incurred?</b> <u><b>Opened 07/15 Last Active 10/22</b></u><br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u><b>Credit Card</b></u> | <b>\$8,414.00</b> |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|

|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <div style="border: 1px solid black; padding: 2px;">4.3</div> | <b>Capital One</b><br>Nonpriority Creditor's Name<br><b>Attn: Bnakruptcy</b><br><b>P.O. Box 30285</b><br><b>Salt Lake City, UT 84130</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this claim is for a community debt</b><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u><b>6598</b></u><br><br><b>When was the debt incurred?</b> <u><b>Opened 04/15 Last Active 09/22</b></u><br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u><b>Credit Card</b></u> | <b>\$4,092.00</b> |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|

|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <div style="border: 1px solid black; padding: 2px;">4.4</div> | <b>Capital One</b><br>Nonpriority Creditor's Name<br><b>Attn: Bnakruptcy</b><br><b>P.O. Box 30285</b><br><b>Salt Lake City, UT 84130</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this claim is for a community debt</b><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u><b>1310</b></u><br><br><b>When was the debt incurred?</b> <u><b>Opened 04/15 Last Active 09/22</b></u><br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u><b>Credit Card</b></u> | <b>\$4,082.00</b> |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|



Debtor 1 **Robin R Lutes**

Case number (if known) **23-20120**

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 4.5 | <b>Chase Card Services</b><br>Nonpriority Creditor's Name<br><br><b>Po Box 15369</b><br><b>Wilmington, DE 19850</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <b>7886</b><br><br><b>Opened 03/15 Last Active 01/23</b><br><b>When was the debt incurred?</b><br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b> | <b>\$5,893.00</b> |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 4.6 | <b>Comenity Bank/Overstock</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>Po Box 182125</b><br><b>Columbus, OH 43218</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <b>9632</b><br><br><b>Opened 04/15 Last Active 7/06/22</b><br><b>When was the debt incurred?</b><br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b> | <b>\$1,868.00</b> |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 4.7 | <b>Comenity Capital/IKEA</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>Po Box 18125</b><br><b>Columbus, OH 43218</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <b>0906</b><br><br><b>Opened 05/22 Last Active 1/17/23</b><br><b>When was the debt incurred?</b><br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b> | <b>\$887.00</b> |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|

Debtor 1 **Robin R Lutes**

Case number (if known) **23-20120**

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 4.8 | <b>Comenity/Big Lots</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy Dept</b><br><b>Po Box 182125</b><br><b>Columbus, OH 43218</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>7994</u><br><b>When was the debt incurred?</b> <u>Opened 09/21 Last Active 12/22</u><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Charge Account</u> | <b>\$575.00</b> |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 4.9 | <b>First National Bank/Legacy</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>Po Box 5097</b><br><b>Sioux Falls, SD 57117</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>0691</u><br><b>When was the debt incurred?</b> <u>Opened 11/14 Last Active 08/22</u><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u> | <b>\$1,150.00</b> |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|

|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 4.10 | <b>Jefferson Hospital</b><br>Nonpriority Creditor's Name<br><b>565 Coal Valley Road</b><br><b>Clairton, PA 15025</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> _____<br><b>When was the debt incurred?</b> _____<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u> | <b>Unknown</b> |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|

Debtor 1 **Robin R Lutes**

Case number (if known)

**23-20120**

4.1  
1

**Labcorp**

Nonpriority Creditor's Name

**PO Box 2240**

**Burlington, NC 27216**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

**\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice Only**

4.1  
2

**Lendclub Bnk**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

**595 Market Street, Suite 200**

**San Francisco, CA 94105**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

**5658**

**Unknown**

When was the debt incurred?

**Opened 09/19 Last Active 5/21/22**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Unpaid Balance On Account**

4.1  
3

**Macys/fdsb**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

**9111 Duke Boulevard**

**Mason, OH 45040**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

**5475**

**\$700.00**

When was the debt incurred?

**Opened 08/18 Last Active 07/22**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Charge Account**

Debtor 1 **Robin R Lutes**Case number (if known) **23-20120**4.1  
4**MOHELA**

Nonpriority Creditor's Name

**Attn: Bankruptcy  
633 Spirit Drive  
Chesterfield, MO 63005**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt
- Is the claim subject to offset?
- ☒ No
- ☐ Yes

Last 4 digits of account number **0002** **\$199,013.00**When was the debt incurred? **Opened 03/17 Last Active 12/01/22**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed
- Type of NONPRIORITY unsecured claim:
- ☒ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☐ Other. Specify \_\_\_\_\_

**Student Loan**4.1  
5**Mon Valley Hospital**

Nonpriority Creditor's Name

**1163 Country Club Road  
Monongahela, PA 15063**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt
- Is the claim subject to offset?
- ☒ No
- ☐ Yes

Last 4 digits of account number **Unknown**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed
- Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Medical Debt**

4.1  
6**Penn Credit**

Nonpriority Creditor's Name

**Attn: Bankruptcy  
Po Box 988  
Harrisburg, PA 17108**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt
- Is the claim subject to offset?
- ☒ No
- ☐ Yes

Last 4 digits of account number **0622** **Unknown**When was the debt incurred? **Opened 06/22 Last Active 01/22**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed
- Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Collection for Penn Highlands Mon Valley**

Debtor 1 **Robin R Lutes**

Case number (if known)

**23-20120**

4.1  
7

**Penn Highlands**

Nonpriority Creditor's Name

**PO Box 477**

**Du Bois, PA 15801**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number

**Unknown**

**When was the debt incurred?**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Debt**

4.1  
8

**Penn Highlands**

Nonpriority Creditor's Name

**PO Box 477**

**Du Bois, PA 15801**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number

**Unknown**

**When was the debt incurred?**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Debt**

4.1  
9

**Quest Diagnostics**

Nonpriority Creditor's Name

**PO Box 740717**

**Cincinnati, OH 45274**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number

**\$0.00**

**When was the debt incurred?**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice Only**

Debtor 1 **Robin R Lutes**

Case number (if known) **23-20120**

|          |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                         |                 |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 4.2<br>0 | <b>Synccb/walmart</b><br>Nonpriority Creditor's Name                                                                                                                                                                   | Last 4 digits of account number <b>4634</b>                                                                                                                                                                                                                                                                             | <b>\$801.00</b> |
|          |                                                                                                                                                                                                                        | <b>Opened 06/18 Last Active 12/22</b>                                                                                                                                                                                                                                                                                   |                 |
|          | When was the debt incurred?                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                         |                 |
|          | As of the date you file, the claim is: Check all that apply                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                         |                 |
|          | Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.                                                                                                                                          | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed                                                                                                                                                                                                       |                 |
|          | <input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another | <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts |                 |
|          | <input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b>                                                                                                         | <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>                                                                                                                                                                                                                                                |                 |
|          | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |                 |

|          |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                         |                   |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 4.2<br>1 | <b>Synchrony Bank/Lowes</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy Po Box 965060 Orlando, FL 32896</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.                 | Last 4 digits of account number <b>2270</b>                                                                                                                                                                                                                                                                             | <b>\$3,925.00</b> |
|          |                                                                                                                                                                                                                        | <b>Opened 01/15 Last Active 11/22</b>                                                                                                                                                                                                                                                                                   |                   |
|          | When was the debt incurred?                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                         |                   |
|          | As of the date you file, the claim is: Check all that apply                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                         |                   |
|          | Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.                                                                                                                                          | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed                                                                                                                                                                                                       |                   |
|          | <input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another | <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts |                   |
|          | <input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b>                                                                                                         | <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>                                                                                                                                                                                                                                                |                   |
|          | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |                   |

|          |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                         |                   |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 4.2<br>2 | <b>Synchrony Bank/Sams Club</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy Po Box 965060 Orlando, FL 32896</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.             | Last 4 digits of account number <b>3989</b>                                                                                                                                                                                                                                                                             | <b>\$6,893.00</b> |
|          |                                                                                                                                                                                                                        | <b>Opened 11/20 Last Active 10/22</b>                                                                                                                                                                                                                                                                                   |                   |
|          | When was the debt incurred?                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                         |                   |
|          | As of the date you file, the claim is: Check all that apply                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                         |                   |
|          | Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.                                                                                                                                          | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed                                                                                                                                                                                                       |                   |
|          | <input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another | <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts |                   |
|          | <input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b>                                                                                                         | <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>                                                                                                                                                                                                                                                   |                   |
|          | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |                   |

Debtor 1 **Robin R Lutes**

Case number (if known)

**23-20120**4.2  
3**Upgrade, Inc.**Last 4 digits of account number **2706****\$22,000.00**

Nonpriority Creditor's Name

**Attn: Bankruptcy  
275 Battery Street 23rd Floor  
San Francisco, CA 94111**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? **Opened 07/21 Last Active 07/22**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Unpaid Balance On Account**4.2  
4**Washington Hospital**

Last 4 digits of account number

**Unknown**

Nonpriority Creditor's Name

**155 Wilson Avenue  
Washington, PA 15301**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical Debt****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**Internal Revenue Service  
Insolvency Unit  
PO Box 628  
Pittsburgh, PA 15230**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.1** of (Check one):☒ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Internal Revenue Service  
William S. Moorehead Federal  
Building  
1000 Liberty Avenue  
Room 727  
Pittsburgh, PA 15222**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.1** of (Check one):☒ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Debtor 1 **Robin R Lutes**

Case number (if known) **23-20120**

|                                |                                                                                                                    |                                                     |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Total<br>claims<br>from Part 1 | 6a. <b>Domestic support obligations</b>                                                                            | 6a. \$ <u>                    <b>0.00</b></u>       |
|                                | 6b. <b>Taxes and certain other debts you owe the government</b>                                                    | 6b. \$ <u>                    <b>15,010.00</b></u>  |
|                                | 6c. <b>Claims for death or personal injury while you were intoxicated</b>                                          | 6c. \$ <u>                    <b>0.00</b></u>       |
|                                | 6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.                                 | 6d. \$ <u>                    <b>0.00</b></u>       |
|                                | 6e. <b>Total Priority.</b> Add lines 6a through 6d.                                                                | \$ <u>                    <b>15,010.00</b></u>      |
| Total<br>claims<br>from Part 2 | 6f. <b>Student loans</b>                                                                                           | 6f. \$ <u>                    <b>199,013.00</b></u> |
|                                | 6g. <b>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</b> | 6g. \$ <u>                    <b>0.00</b></u>       |
|                                | 6h. <b>Debts to pension or profit-sharing plans, and other similar debts</b>                                       | 6h. \$ <u>                    <b>0.00</b></u>       |
|                                | 6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. \$ <u>                    <b>67,011.00</b></u>  |
|                                | 6j. <b>Total Nonpriority.</b> Add lines 6f through 6i.                                                             | \$ <u>                    <b>266,024.00</b></u>     |



**Fill in this information to identify your case:**

Debtor 1 **Robin R Lutes**  
 First Name Middle Name Last Name

Debtor 2  
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **WESTERN DISTRICT OF PENNSYLVANIA**

Case number **23-20120**  
 (if known)

☐ Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

**1. Do you have any executory contracts or unexpired leases?**

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

**2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease<br>Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|--------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 2.1<br>Name<br><br>Number Street<br><br>City State ZIP Code                                                  |                                         |
| 2.2<br>Name<br><br>Number Street<br><br>City State ZIP Code                                                  |                                         |
| 2.3<br>Name<br><br>Number Street<br><br>City State ZIP Code                                                  |                                         |
| 2.4<br>Name<br><br>Number Street<br><br>City State ZIP Code                                                  |                                         |
| 2.5<br>Name<br><br>Number Street<br><br>City State ZIP Code                                                  |                                         |

Fill in this information to identify your case:

|                                         |                                  |             |           |
|-----------------------------------------|----------------------------------|-------------|-----------|
| Debtor 1                                | <b>Robin R Lutes</b>             |             |           |
|                                         | First Name                       | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)         |                                  |             |           |
|                                         | First Name                       | Middle Name | Last Name |
| United States Bankruptcy Court for the: | WESTERN DISTRICT OF PENNSYLVANIA |             |           |
| Case number<br>(if known)               | 23-20120                         |             |           |

☐ Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☒ No  
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name \_\_\_\_\_  
Number Street City State ZIP Code

- ☐ Schedule D, line \_\_\_\_\_  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G, line \_\_\_\_\_

3.2

Name \_\_\_\_\_  
Number Street City State ZIP Code

- ☐ Schedule D, line \_\_\_\_\_  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1 Robin R Lutes

Debtor 2  
(Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: WESTERN DISTRICT OF PENNSYLVANIA

Case number 23-20120  
(If known) \_\_\_\_\_

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

☐ Employed

☒ Not employed

disabled

Debtor 2 or non-filing spouse

☐ Employed

☐ Not employed

How long employed there? \_\_\_\_\_

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

|                                                                                                                                                      | For Debtor 1    | For Debtor 2 or non-filing spouse |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | \$ <u>0.00</u>  | \$ <u>N/A</u>                     |
| 3. Estimate and list monthly overtime pay.                                                                                                           | +\$ <u>0.00</u> | +\$ <u>N/A</u>                    |
| 4. Calculate gross income. Add line 2 + line 3.                                                                                                      | \$ <u>0.00</u>  | \$ <u>N/A</u>                     |

Debtor 1 **Robin R Lutes**Case number (if known) **23-20120**

|                                                                                                                                                                                                                                                                                                                                                                                                | For Debtor 1                           | For Debtor 2 or non-filing spouse |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------|
| Copy line 4 here                                                                                                                                                                                                                                                                                                                                                                               | 4. \$ <b>0.00</b>                      | \$ <b>N/A</b>                     |
| <b>5. List all payroll deductions:</b>                                                                                                                                                                                                                                                                                                                                                         |                                        |                                   |
| 5a. Tax, Medicare, and Social Security deductions                                                                                                                                                                                                                                                                                                                                              | 5a. \$ <b>0.00</b>                     | \$ <b>N/A</b>                     |
| 5b. Mandatory contributions for retirement plans                                                                                                                                                                                                                                                                                                                                               | 5b. \$ <b>0.00</b>                     | \$ <b>N/A</b>                     |
| 5c. Voluntary contributions for retirement plans                                                                                                                                                                                                                                                                                                                                               | 5c. \$ <b>0.00</b>                     | \$ <b>N/A</b>                     |
| 5d. Required repayments of retirement fund loans                                                                                                                                                                                                                                                                                                                                               | 5d. \$ <b>0.00</b>                     | \$ <b>N/A</b>                     |
| 5e. Insurance                                                                                                                                                                                                                                                                                                                                                                                  | 5e. \$ <b>0.00</b>                     | \$ <b>N/A</b>                     |
| 5f. Domestic support obligations                                                                                                                                                                                                                                                                                                                                                               | 5f. \$ <b>0.00</b>                     | \$ <b>N/A</b>                     |
| 5g. Union dues                                                                                                                                                                                                                                                                                                                                                                                 | 5g. \$ <b>0.00</b>                     | \$ <b>N/A</b>                     |
| 5h. Other deductions. Specify:                                                                                                                                                                                                                                                                                                                                                                 | 5h.+ \$ <b>0.00</b>                    | \$ <b>N/A</b>                     |
| <b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.                                                                                                                                                                                                                                                                                                                       | 6. \$ <b>0.00</b>                      | \$ <b>N/A</b>                     |
| <b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.                                                                                                                                                                                                                                                                                                                  | 7. \$ <b>0.00</b>                      | \$ <b>N/A</b>                     |
| <b>8. List all other income regularly received:</b>                                                                                                                                                                                                                                                                                                                                            |                                        |                                   |
| 8a. Net income from rental property and from operating a business, profession, or farm<br>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.                                                                                                                                                | 8a. \$ <b>0.00</b>                     | \$ <b>N/A</b>                     |
| 8b. Interest and dividends                                                                                                                                                                                                                                                                                                                                                                     | 8b. \$ <b>0.00</b>                     | \$ <b>N/A</b>                     |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive<br>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.                                                                                                                                                                                      | 8c. \$ <b>0.00</b>                     | \$ <b>N/A</b>                     |
| 8d. Unemployment compensation                                                                                                                                                                                                                                                                                                                                                                  | 8d. \$ <b>0.00</b>                     | \$ <b>N/A</b>                     |
| 8e. Social Security                                                                                                                                                                                                                                                                                                                                                                            | 8e. \$ <b>2,396.00</b>                 | \$ <b>N/A</b>                     |
| 8f. Other government assistance that you regularly receive<br>Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.<br>Specify:                                                                                                               | 8f. \$ <b>0.00</b>                     | \$ <b>N/A</b>                     |
| 8g. Pension or retirement income                                                                                                                                                                                                                                                                                                                                                               | 8g. \$ <b>0.00</b>                     | \$ <b>N/A</b>                     |
| 8h. Other monthly income. Specify: <b>Long-Term Disability</b>                                                                                                                                                                                                                                                                                                                                 | 8h.+ \$ <b>3,201.99</b>                | \$ <b>N/A</b>                     |
| <b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.                                                                                                                                                                                                                                                                                                                             | 9. \$ <b>5,597.99</b>                  | \$ <b>N/A</b>                     |
| <b>10. Calculate monthly income.</b> Add line 7 + line 9.<br>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                                                                                                                                                                                                                                        | 10. \$ <b>5,597.99</b> + \$ <b>N/A</b> | = \$ <b>5,597.99</b>              |
| <b>11. State all other regular contributions to the expenses that you list in Schedule J.</b><br>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.<br>Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.<br>Specify: |                                        |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                | 11. +\$ <b>0.00</b>                    |                                   |
| <b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income.<br>Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies                                                                                                                                   | 12. \$ <b>5,597.99</b>                 | <b>Combined monthly income</b>    |
| <b>13. Do you expect an increase or decrease within the year after you file this form?</b>                                                                                                                                                                                                                                                                                                     |                                        |                                   |
| <input checked="" type="checkbox"/> No.                                                                                                                                                                                                                                                                                                                                                        |                                        |                                   |
| <input type="checkbox"/> Yes. Explain:                                                                                                                                                                                                                                                                                                                                                         |                                        |                                   |

Fill in this information to identify your case:

Debtor 1 Robin R Lutes

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: WESTERN DISTRICT OF PENNSYLVANIA

Case number 23-20120  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 150.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Robin R Lutes**

Case number (if known) **23-20120**

|                                                                                                                                                                          |                                                                                                                                                                                                                          |                 |                 |                 |    |  |    |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|-----------------|----|--|----|-----------------|
| <b>6. Utilities:</b>                                                                                                                                                     |                                                                                                                                                                                                                          |                 |                 |                 |    |  |    |                 |
| 6a. Electricity, heat, natural gas                                                                                                                                       | 6a. \$                                                                                                                                                                                                                   | <b>370.00</b>   |                 |                 |    |  |    |                 |
| 6b. Water, sewer, garbage collection                                                                                                                                     | 6b. \$                                                                                                                                                                                                                   | <b>69.00</b>    |                 |                 |    |  |    |                 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services                                                                                                       | 6c. \$                                                                                                                                                                                                                   | <b>345.00</b>   |                 |                 |    |  |    |                 |
| 6d. Other. Specify: _____                                                                                                                                                | 6d. \$                                                                                                                                                                                                                   | <b>0.00</b>     |                 |                 |    |  |    |                 |
| <b>7. Food and housekeeping supplies</b>                                                                                                                                 | 7. \$                                                                                                                                                                                                                    | <b>500.00</b>   |                 |                 |    |  |    |                 |
| <b>8. Childcare and children's education costs</b>                                                                                                                       | 8. \$                                                                                                                                                                                                                    | <b>0.00</b>     |                 |                 |    |  |    |                 |
| <b>9. Clothing, laundry, and dry cleaning</b>                                                                                                                            | 9. \$                                                                                                                                                                                                                    | <b>100.00</b>   |                 |                 |    |  |    |                 |
| <b>10. Personal care products and services</b>                                                                                                                           | 10. \$                                                                                                                                                                                                                   | <b>150.00</b>   |                 |                 |    |  |    |                 |
| <b>11. Medical and dental expenses</b>                                                                                                                                   | 11. \$                                                                                                                                                                                                                   | <b>350.00</b>   |                 |                 |    |  |    |                 |
| <b>12. Transportation.</b> Include gas, maintenance, bus or train fare.<br>Do not include car payments.                                                                  | 12. \$                                                                                                                                                                                                                   | <b>400.00</b>   |                 |                 |    |  |    |                 |
| <b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>                                                                                            | 13. \$                                                                                                                                                                                                                   | <b>200.00</b>   |                 |                 |    |  |    |                 |
| <b>14. Charitable contributions and religious donations</b>                                                                                                              | 14. \$                                                                                                                                                                                                                   | <b>20.00</b>    |                 |                 |    |  |    |                 |
| <b>15. Insurance.</b><br>Do not include insurance deducted from your pay or included in lines 4 or 20.                                                                   |                                                                                                                                                                                                                          |                 |                 |                 |    |  |    |                 |
| 15a. Life insurance                                                                                                                                                      | 15a. \$                                                                                                                                                                                                                  | <b>38.00</b>    |                 |                 |    |  |    |                 |
| 15b. Health insurance                                                                                                                                                    | 15b. \$                                                                                                                                                                                                                  | <b>244.54</b>   |                 |                 |    |  |    |                 |
| 15c. Vehicle insurance                                                                                                                                                   | 15c. \$                                                                                                                                                                                                                  | <b>118.00</b>   |                 |                 |    |  |    |                 |
| 15d. Other insurance. Specify: _____                                                                                                                                     | 15d. \$                                                                                                                                                                                                                  | <b>0.00</b>     |                 |                 |    |  |    |                 |
| <b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.<br>Specify: _____                                                            |                                                                                                                                                                                                                          |                 |                 |                 |    |  |    |                 |
|                                                                                                                                                                          | 16. \$                                                                                                                                                                                                                   | <b>0.00</b>     |                 |                 |    |  |    |                 |
| <b>17. Installment or lease payments:</b>                                                                                                                                |                                                                                                                                                                                                                          |                 |                 |                 |    |  |    |                 |
| 17a. Car payments for Vehicle 1                                                                                                                                          | 17a. \$                                                                                                                                                                                                                  | <b>0.00</b>     |                 |                 |    |  |    |                 |
| 17b. Car payments for Vehicle 2                                                                                                                                          | 17b. \$                                                                                                                                                                                                                  | <b>0.00</b>     |                 |                 |    |  |    |                 |
| 17c. Other. Specify: <b>Home Warranty</b>                                                                                                                                | 17c. \$                                                                                                                                                                                                                  | <b>43.00</b>    |                 |                 |    |  |    |                 |
| 17d. Other. Specify: _____                                                                                                                                               | 17d. \$                                                                                                                                                                                                                  | <b>0.00</b>     |                 |                 |    |  |    |                 |
| <b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b> |                                                                                                                                                                                                                          |                 |                 |                 |    |  |    |                 |
|                                                                                                                                                                          | 18. \$                                                                                                                                                                                                                   | <b>0.00</b>     |                 |                 |    |  |    |                 |
| <b>19. Other payments you make to support others who do not live with you.</b>                                                                                           |                                                                                                                                                                                                                          |                 |                 |                 |    |  |    |                 |
| Specify: _____                                                                                                                                                           | 19. \$                                                                                                                                                                                                                   | <b>0.00</b>     |                 |                 |    |  |    |                 |
| <b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>                                                         |                                                                                                                                                                                                                          |                 |                 |                 |    |  |    |                 |
| 20a. Mortgages on other property                                                                                                                                         | 20a. \$                                                                                                                                                                                                                  | <b>0.00</b>     |                 |                 |    |  |    |                 |
| 20b. Real estate taxes                                                                                                                                                   | 20b. \$                                                                                                                                                                                                                  | <b>0.00</b>     |                 |                 |    |  |    |                 |
| 20c. Property, homeowner's, or renter's insurance                                                                                                                        | 20c. \$                                                                                                                                                                                                                  | <b>0.00</b>     |                 |                 |    |  |    |                 |
| 20d. Maintenance, repair, and upkeep expenses                                                                                                                            | 20d. \$                                                                                                                                                                                                                  | <b>0.00</b>     |                 |                 |    |  |    |                 |
| 20e. Homeowner's association or condominium dues                                                                                                                         | 20e. \$                                                                                                                                                                                                                  | <b>0.00</b>     |                 |                 |    |  |    |                 |
| <b>21. Other:</b> Specify: <b>Miscellaneous Expenses</b>                                                                                                                 |                                                                                                                                                                                                                          |                 |                 |                 |    |  |    |                 |
|                                                                                                                                                                          | 21. +\$                                                                                                                                                                                                                  | <b>150.00</b>   |                 |                 |    |  |    |                 |
| <b>Pet Expenses</b>                                                                                                                                                      | +\$                                                                                                                                                                                                                      | <b>150.00</b>   |                 |                 |    |  |    |                 |
| <b>22. Calculate your monthly expenses</b>                                                                                                                               |                                                                                                                                                                                                                          |                 |                 |                 |    |  |    |                 |
| 22a. Add lines 4 through 21.                                                                                                                                             | <div style="border: 1px solid black; padding: 5px;"> <table border="0"> <tr> <td>\$</td> <td><b>3,397.54</b></td> </tr> <tr> <td>\$</td> <td></td> </tr> <tr> <td>\$</td> <td><b>3,397.54</b></td> </tr> </table> </div> |                 | \$              | <b>3,397.54</b> | \$ |  | \$ | <b>3,397.54</b> |
| \$                                                                                                                                                                       |                                                                                                                                                                                                                          |                 | <b>3,397.54</b> |                 |    |  |    |                 |
| \$                                                                                                                                                                       |                                                                                                                                                                                                                          |                 |                 |                 |    |  |    |                 |
| \$                                                                                                                                                                       | <b>3,397.54</b>                                                                                                                                                                                                          |                 |                 |                 |    |  |    |                 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2                                                                                     |                                                                                                                                                                                                                          |                 |                 |                 |    |  |    |                 |
| 22c. Add line 22a and 22b. The result is your monthly expenses.                                                                                                          |                                                                                                                                                                                                                          |                 |                 |                 |    |  |    |                 |
| <b>23. Calculate your monthly net income.</b>                                                                                                                            |                                                                                                                                                                                                                          |                 |                 |                 |    |  |    |                 |
| 23a. Copy line 12 (your combined monthly income) from Schedule I.                                                                                                        | 23a. \$                                                                                                                                                                                                                  | <b>5,597.99</b> |                 |                 |    |  |    |                 |
| 23b. Copy your monthly expenses from line 22c above.                                                                                                                     | 23b. -\$                                                                                                                                                                                                                 | <b>3,397.54</b> |                 |                 |    |  |    |                 |
| <b>23c. Subtract your monthly expenses from your monthly income.</b><br>The result is your <i>monthly net income</i> .                                                   |                                                                                                                                                                                                                          |                 |                 |                 |    |  |    |                 |
|                                                                                                                                                                          | 23c. \$                                                                                                                                                                                                                  | <b>2,200.45</b> |                 |                 |    |  |    |                 |

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**  
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes. Explain here:

**Fill in this information to identify your case:**

Debtor 1 **Robin R Lutes**  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: WESTERN DISTRICT OF PENNSYLVANIA

Case number **23-20120**  
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Robin R Lutes  
**Robin R Lutes**  
Signature of Debtor 1

Date February 19, 2023

X \_\_\_\_\_  
Signature of Debtor 2

Date \_\_\_\_\_

**Fill in this information to identify your case:**

Debtor 1 **Robin R Lutes**  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **WESTERN DISTRICT OF PENNSYLVANIA**

Case number **23-20120**  
(if known)

☐ Check if this is an amended filing

**Official Form 107**

**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before**

**1. What is your current marital status?**

- ☐ Married  
☒ Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- ☒ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

| Debtor 1: | Dates Debtor 1 lived there | Debtor 2 Prior Address: | Dates Debtor 2 lived there |
|-----------|----------------------------|-------------------------|----------------------------|
|           |                            |                         |                            |

**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.*)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

**Part 2 Explain the Sources of Your Income**

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No  
☒ Yes. Fill in the details.

**For the calendar year before that:  
 (January 1 to December 31, 2021 )**

| Debtor 1                                                                                                               |                                                    | Debtor 2                                                                                                    |                                                    |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Sources of income<br>Check all that apply.                                                                             | Gross income<br>(before deductions and exclusions) | Sources of income<br>Check all that apply.                                                                  | Gross income<br>(before deductions and exclusions) |
| <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | <b>\$63,000.00</b>                                 | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business |                                                    |



Debtor 1 **Robin R Lutes**Case number (if known) **23-20120****5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No

☒ Yes. Fill in the details.

|                                                                            | Debtor 1<br>Sources of income<br>Describe below. | Gross income from<br>each source<br>(before deductions and<br>exclusions) | Debtor 2<br>Sources of income<br>Describe below. | Gross income<br>(before deductions<br>and exclusions) |
|----------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------|
| From January 1 of current year until<br>the date you filed for bankruptcy: | Social Security<br>Benefits                      | \$2,396.00                                                                |                                                  |                                                       |
|                                                                            | Disability Insurance                             | \$3,201.99                                                                |                                                  |                                                       |
| For last calendar year:<br>(January 1 to December 31, 2022 )               | Social Security<br>Benefits                      | \$28,752.00                                                               |                                                  |                                                       |
|                                                                            | Disability Insurance                             | \$38,423.88                                                               |                                                  |                                                       |

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575\* or more?

☐ No. Go to line 7.

☐ Yes List below each creditor to whom you paid a total of \$7,575\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☒ No. Go to line 7.

☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| Creditor's Name and Address | Dates of payment | Total amount<br>paid | Amount you<br>still owe | Was this payment for ... |
|-----------------------------|------------------|----------------------|-------------------------|--------------------------|
|-----------------------------|------------------|----------------------|-------------------------|--------------------------|

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

| Insider's Name and Address | Dates of payment | Total amount<br>paid | Amount you<br>still owe | Reason for this payment |
|----------------------------|------------------|----------------------|-------------------------|-------------------------|
|----------------------------|------------------|----------------------|-------------------------|-------------------------|

Debtor 1 **Robin R Lutes**Case number (if known) **23-20120**

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

- ☐ No  
☐ Yes. List all payments to an insider

| Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment<br>Include creditor's name |
|----------------------------|------------------|-------------------|----------------------|----------------------------------------------------|
|----------------------------|------------------|-------------------|----------------------|----------------------------------------------------|

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No  
☐ Yes. Fill in the details.

| Case title<br>Case number | Nature of the case | Court or agency | Status of the case |
|---------------------------|--------------------|-----------------|--------------------|
|---------------------------|--------------------|-----------------|--------------------|

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**  
Check all that apply and fill in the details below.

- ☐ No. Go to line 11.  
☐ Yes. Fill in the information below.

| Creditor Name and Address | Describe the Property<br>Explain what happened | Date | Value of the property |
|---------------------------|------------------------------------------------|------|-----------------------|
|---------------------------|------------------------------------------------|------|-----------------------|

11. **Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

- ☐ No  
☐ Yes. Fill in the details.

| Creditor Name and Address | Describe the action the creditor took | Date action was taken | Amount |
|---------------------------|---------------------------------------|-----------------------|--------|
|---------------------------|---------------------------------------|-----------------------|--------|

12. **Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

- ☐ No  
☐ Yes

**Part 5: List Certain Gifts and Contributions**

13. **Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?**

- ☐ No  
☐ Yes. Fill in the details for each gift.

| Gifts with a total value of more than \$600 per person<br>Person to Whom You Gave the Gift and Address: | Describe the gifts | Dates you gave the gifts | Value |
|---------------------------------------------------------------------------------------------------------|--------------------|--------------------------|-------|
|---------------------------------------------------------------------------------------------------------|--------------------|--------------------------|-------|

14. **Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?**

- ☐ No  
☐ Yes. Fill in the details for each gift or contribution.

| Gifts or contributions to charities that total more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Code) | Describe what you contributed | Dates you contributed | Value |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-------|
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-------|

**Part 6: List Certain Losses**

15. **Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,**

Debtor 1 **Robin R Lutes**

Case number (if known) **23-20120**

or gambling?

- ☒ No  
☐ Yes. Fill in the details.

| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss<br>Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> . | Date of your loss | Value of property lost |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------|
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------|

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No  
☒ Yes. Fill in the details.

| Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|-------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------|-------------------|
| Willis & Associates<br>201 Penn Center Blvd<br>Suite 310<br>Pittsburgh, PA 15235                      | costs \$500.00<br>fees \$900.00                   | January 14, 2023                  | \$900.00          |

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- ☒ No  
☐ Yes. Fill in the details.

| Person Who Was Paid<br>Address | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|--------------------------------|---------------------------------------------------|-----------------------------------|-------------------|
|--------------------------------|---------------------------------------------------|-----------------------------------|-------------------|

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No  
☐ Yes. Fill in the details.

| Person Who Received Transfer<br>Address<br>Person's relationship to you | Description and value of property transferred | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|-------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------|------------------------|
|-------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------|------------------------|

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No  
☐ Yes. Fill in the details.

| Name of trust | Description and value of the property transferred | Date Transfer was made |
|---------------|---------------------------------------------------|------------------------|
|---------------|---------------------------------------------------|------------------------|

Debtor 1 **Robin R Lutes**Case number (if known) **23-20120****Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☐ No☐ Yes. Fill in the details.Name of Financial Institution and  
Address (Number, Street, City, State and ZIP  
Code)Last 4 digits of  
account numberType of account or  
instrumentDate account was  
closed, sold,  
moved, or  
transferredLast balance  
before closing or  
transfer

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☐ No☐ Yes. Fill in the details.Name of Financial Institution  
Address (Number, Street, City, State and ZIP Code)Who else had access to it?  
Address (Number, Street, City,  
State and ZIP Code)

Describe the contents

Do you still  
have it?

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☐ No☐ Yes. Fill in the details.Name of Storage Facility  
Address (Number, Street, City, State and ZIP Code)Who else has or had access  
to it?  
Address (Number, Street, City,  
State and ZIP Code)

Describe the contents

Do you still  
have it?**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☐ No☐ Yes. Fill in the details.Owner's Name  
Address (Number, Street, City, State and ZIP Code)Where is the property?  
(Number, Street, City, State and ZIP  
Code)

Describe the property

Value

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- ☐ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ☐ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ☐ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☐ No☐ Yes. Fill in the details.Name of site  
Address (Number, Street, City, State and ZIP Code)Governmental unit  
Address (Number, Street, City, State and  
ZIP Code)Environmental law, if you  
know it

Date of notice

Debtor 1 **Robin R Lutes**

Case number (if known) **23-20120**

**25. Have you notified any governmental unit of any release of hazardous material?**

- ☒ No  
☐ Yes. Fill in the details.

| Name of site<br>Address (Number, Street, City, State and ZIP Code) | Governmental unit<br>Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
|--------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------|----------------|
|--------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------|----------------|

**26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No  
☐ Yes. Fill in the details.

| Case Title<br>Case Number | Court or agency<br>Name<br>Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case |
|---------------------------|-------------------------------------------------------------------------------|--------------------|--------------------|
|---------------------------|-------------------------------------------------------------------------------|--------------------|--------------------|

**Part 11: Give Details About Your Business or Connections to Any Business**

**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  
☐ A partner in a partnership  
☐ An officer, director, or managing executive of a corporation  
☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☒ No. None of the above applies. Go to Part 12.  
☐ Yes. Check all that apply above and fill in the details below for each business.

| Business Name<br>Address<br>(Number, Street, City, State and ZIP Code) | Describe the nature of the business<br>Name of accountant or bookkeeper | Employer Identification number<br>Do not include Social Security number or ITIN.<br>Dates business existed |
|------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
|------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|

**28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.**

- ☒ No  
☐ Yes. Fill in the details below.

| Name<br>Address<br>(Number, Street, City, State and ZIP Code) | Date Issued |
|---------------------------------------------------------------|-------------|
|---------------------------------------------------------------|-------------|

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Robin R Lutes

Robin R Lutes  
Signature of Debtor 1

Signature of Debtor 2

Date **February 19, 2023**

Date

**Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?**

- ☒ No  
☐ Yes

**Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?**

- ☒ No  
☐ Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Debtor 1 **Robin R Lutes**

Case number *(if known)* **23-20120**

Fill in this information to identify your case:

Debtor 1 Robin R Lutes

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Western District of Pennsylvania

Case number 23-20120  
(if known)

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☒ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☐ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☒ 3. The commitment period is 3 years.
- ☐ 4. The commitment period is 5 years.

☐ Check if this is an amended filing

## Official Form 122C-1

### Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

**Part 1: Calculate Your Average Monthly Income**

1. **What is your marital and filing status?** Check one only.

- ☒ **Not married.** Fill out Column A, lines 2-11.
- ☐ **Married.** Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

|                                                                                                                                                                                                                                                                                                                                                             | Column A<br>Debtor 1                                                                                                                                                                                            | Column B<br>Debtor 2 or<br>non-filing spouse |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 2. <b>Your gross wages, salary, tips, bonuses, overtime, and commissions</b> (before all payroll deductions).                                                                                                                                                                                                                                               | \$ <u>0.00</u>                                                                                                                                                                                                  | \$ _____                                     |
| 3. <b>Alimony and maintenance payments.</b> Do not include payments from a spouse if Column B is filled in.                                                                                                                                                                                                                                                 | \$ <u>0.00</u>                                                                                                                                                                                                  | \$ _____                                     |
| 4. <b>All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support.</b> Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3. | \$ <u>0.00</u>                                                                                                                                                                                                  | \$ _____                                     |
| 5. <b>Net income from operating a business, profession, or farm</b>                                                                                                                                                                                                                                                                                         | <b>Debtor 1</b><br>Gross receipts (before all deductions) \$ <u>0.00</u><br>Ordinary and necessary operating expenses -\$ <u>0.00</u><br>Net monthly income from a business, profession, or farm \$ <u>0.00</u> | Copy here -> \$ <u>0.00</u>                  |
| 6. <b>Net income from rental and other real property</b>                                                                                                                                                                                                                                                                                                    | <b>Debtor 1</b><br>Gross receipts (before all deductions) \$ <u>0.00</u><br>Ordinary and necessary operating expenses -\$ <u>0.00</u><br>Net monthly income from rental or other real property \$ <u>0.00</u>   | Copy here -> \$ <u>0.00</u>                  |

Debtor 1 **Robin R Lutes**Case number (if known) **23-20120**

| Column A<br>Debtor 1 | Column B<br>Debtor 2 or<br>non-filing spouse |
|----------------------|----------------------------------------------|
|----------------------|----------------------------------------------|

7. **Interest, dividends, and royalties**

|                |    |
|----------------|----|
| \$ <b>0.00</b> | \$ |
|----------------|----|

8. **Unemployment compensation**

|                |    |
|----------------|----|
| \$ <b>0.00</b> | \$ |
|----------------|----|

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you .....\$ **0.00**

For your spouse .....\$

9. **Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

|                |    |
|----------------|----|
| \$ <b>0.00</b> | \$ |
|----------------|----|

10. **Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

**Long-Term Disability**

|                    |    |
|--------------------|----|
| \$ <b>3,201.99</b> | \$ |
|--------------------|----|

|                |    |
|----------------|----|
| \$ <b>0.00</b> | \$ |
|----------------|----|

Total amounts from separate pages, if any.

|   |                |    |
|---|----------------|----|
| + | \$ <b>0.00</b> | \$ |
|---|----------------|----|

11. **Calculate your total average monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

|                              |   |    |   |                    |
|------------------------------|---|----|---|--------------------|
| \$ <b>3,201.99</b>           | + | \$ | = | \$ <b>3,201.99</b> |
| Total average monthly income |   |    |   |                    |

**Part 2: Determine How to Measure Your Deductions from Income**

12. **Copy your total average monthly income from line 11.** .....\$ **3,201.99**

13. **Calculate the marital adjustment.** Check one:

- ☒ You are not married. Fill in 0 below.  
☐ You are married and your spouse is filing with you. Fill in 0 below.  
☐ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

|    |    |
|----|----|
| \$ |    |
| \$ |    |
| +  | \$ |

Total .....

|                |
|----------------|
| \$ <b>0.00</b> |
|----------------|

Copy here=&gt;

- **0.00**

14. **Your current monthly income.** Subtract line 13 from line 12.

|                    |
|--------------------|
| \$ <b>3,201.99</b> |
|--------------------|

15. **Calculate your current monthly income for the year.** Follow these steps:

15a. Copy line 14 here=> .....\$ **3,201.99**



Debtor 1 **Robin R Lutes**

Case number (if known) **23-20120**

Multiply line 15a by 12 (the number of months in a year).

**x 12**

15b. The result is your current monthly income for the year for this part of the form. ....

**\$ 38,423.88**

**16. Calculate the median family income that applies to you.** Follow these steps:

16a. Fill in the state in which you live.

**PA**

16b. Fill in the number of people in your household.

**1**

16c. Fill in the median family income for your state and size of household.

**\$ 61,530.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**17. How do the lines compare?**

17a. ☒ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).

17b. ☐ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).** On line 39 of that form, copy your current monthly income from line 14 above.

**Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)**

18. Copy your total average monthly income from line 11 .

**\$ 3,201.99**

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a.

**-\$ 0.00**

19b. Subtract line 19a from line 18.

**\$ 3,201.99**

**20. Calculate your current monthly income for the year.** Follow these steps:

20a. Copy line 19b

**\$ 3,201.99**

Multiply by 12 (the number of months in a year).

**x 12**

20b. The result is your current monthly income for the year for this part of the form

**\$ 38,423.88**

20c. Copy the median family income for your state and size of household from line 16c

**\$ 61,530.00**

**21. How do the lines compare?**

☒ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.

☐ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

**X /s/ Robin R Lutes**

**Robin R Lutes**

Signature of Debtor 1

Date **February 19, 2023**

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Debtor 1 **Robin R Lutes**

Case number (if known) **23-20120**

Debtor 1 **Robin R Lutes**

Case number (if known) **23-20120**

### Current Monthly Income Details for the Debtor

#### Debtor Income Details:

Income for the Period **07/01/2022** to **12/31/2022**.

#### Line 10 - Income from all other sources

Source of Income: **Long-Term Disability**

Income by Month:

|                    |                |                   |
|--------------------|----------------|-------------------|
| 6 Months Ago:      | <u>07/2022</u> | <u>\$3,201.99</u> |
| 5 Months Ago:      | <u>08/2022</u> | <u>\$3,201.99</u> |
| 4 Months Ago:      | <u>09/2022</u> | <u>\$3,201.99</u> |
| 3 Months Ago:      | <u>10/2022</u> | <u>\$3,201.99</u> |
| 2 Months Ago:      | <u>11/2022</u> | <u>\$3,201.99</u> |
| Last Month:        | <u>12/2022</u> | <u>\$3,201.99</u> |
| Average per month: |                | <u>\$3,201.99</u> |

#### Non-CMI - Social Security Act Income

Source of Income: **Social Security Benefits**

Income by Month:

|                    |                |                   |
|--------------------|----------------|-------------------|
| 6 Months Ago:      | <u>07/2022</u> | <u>\$2,396.00</u> |
| 5 Months Ago:      | <u>08/2022</u> | <u>\$2,396.00</u> |
| 4 Months Ago:      | <u>09/2022</u> | <u>\$2,396.00</u> |
| 3 Months Ago:      | <u>10/2022</u> | <u>\$2,396.00</u> |
| 2 Months Ago:      | <u>11/2022</u> | <u>\$2,396.00</u> |
| Last Month:        | <u>12/2022</u> | <u>\$2,396.00</u> |
| Average per month: |                | <u>\$2,396.00</u> |

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,  
and

Your debts are primarily consumer debts.  
*Consumer debts* are defined in 11 U.S.C.  
§ 101(8) as "incurred by an individual  
primarily for a personal, family, or  
household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under  
one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan  
for family farmers or  
fishermen

Chapter 13 - Voluntary repayment plan  
for individuals with regular  
income

**You should have an attorney review your  
decision to file for bankruptcy and the choice of  
chapter.**

### Chapter 7: Liquidation

\$245 filing fee

\$78 administrative fee

+ \$15 trustee surcharge

\$338 total fee

Chapter 7 is for individuals who have financial  
difficulty preventing them from paying their debts  
and who are willing to allow their non-exempt  
property to be used to pay their creditors. The  
primary purpose of filing under chapter 7 is to have  
your debts discharged. The bankruptcy discharge  
relieves you after bankruptcy from having to pay  
many of your pre-bankruptcy debts. Exceptions exist  
for particular debts, and liens on property may still  
be enforced after discharge. For example, a creditor  
may have the right to foreclose a home mortgage or  
repossess an automobile.

However, if the court finds that you have committed  
certain kinds of improper conduct described in the  
Bankruptcy Code, the court may deny your  
discharge.

You should know that even if you file chapter 7 and  
you receive a discharge, some debts are not  
discharged under the law. Therefore, you may still  
be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement  
obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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|   |         |                    |
|---|---------|--------------------|
|   | \$1,167 | filing fee         |
| + | \$571   | administrative fee |
|   | \$1,738 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Chapter 12: Repayment plan for family farmers or fishermen

|   |       |                    |
|---|-------|--------------------|
|   | \$200 | filing fee         |
| + | \$78  | administrative fee |
|   | \$278 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

#### Chapter 13: Repayment plan for individuals with regular income

|   |       |                    |
|---|-------|--------------------|
|   | \$235 | filing fee         |
| + | \$78  | administrative fee |
|   | \$313 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:  
<http://www.uscourts.gov/forms/bankruptcy-forms>

### **Bankruptcy crimes have serious consequences**

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:  
<http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses>.

In Alabama and North Carolina, go to:  
<http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court  
Western District of Pennsylvania**

In re **Robin R Lutes**

Debtor(s)

Case No. **23-20120**

Chapter **13**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

|                                                             |    |                 |
|-------------------------------------------------------------|----|-----------------|
| For legal services, I have agreed to accept .....           | \$ | <u>5,000.00</u> |
| Prior to the filing of this statement I have received ..... | \$ | <u>900.00</u>   |
| Balance Due .....                                           | \$ | <u>4,100.00</u> |

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Meeting with client, analysis of the problems, preparation and filing of the schedules, attendance at one Section 341 Meeting, normal correspondence with creditors, trustees, and clients. In Chapter 13 cases, it also includes preparation of a Plan, attendance at the confirmation hearing, and reconciliation of the allowed claims.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Unless specifically noted above or in a separate written fee agreement, services do not include the preparation of documents or attendance at hearings associated with objections to claims, responses to motions for relief from stay, amended Chapter 13 plans in response to motions to allow claims by utility companies or other claimants, amended Chapter 13 plans in response to post-petition changes in regular monthly mortgage payments, applications for counsel fees, motions and amended plans pursuant to post-petition financing, responses to any motions filed by creditors or the Chapter 13 trustee, responses to Chapter 13 trustee's certificates of default, responses to motions to dismiss filed by creditors or the Chapter 13 trustee, complaints objecting to secured status, motions to allow the sale of property, amended Chapter 13 plans prepared at the client's request due to post-confirmation changes in circumstances, amendments to the debtor's schedules to add creditors not initially disclosed by the client, loss mitigation, and any other work performed by counsel above and beyond the services included in paragraph 6 above. all costs associated with the bankruptcy; fees and costs for converting and completing case under another chapter; re-opening case after closed; state court proceedings, including foreclosure and/or creditor lawsuits; fees and costs related to post-petition employment of professionals, approval of lawsuit Should any of the aforementioned issues arise during the case, or any other additional work become necessary, client shall be responsible for incurred fees and costs at the time said services become necessary at a rate of \$350.00 per hour. The rates of \$350.00 per hour may be increased up to 10% per year after the filing of the Chapter 13 case. The rate for work performed by a paralegal is \$100.00 per hour subject to a 10% increase per year after filing. Any additional fees that may be charged are subject to the approval of the Bankruptcy Court.**



In re **Robin R Lutes**

Debtor(s)

Case No. **23-20120**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**  
(Continuation Sheet)

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**February 19, 2023**

*Date*

**/s/ Lawrence W Willis Esq**

**Lawrence W Willis Esq 85299**

*Signature of Attorney*

**Willis & Associates**

**201 Penn Center**

**Suite 310**

**Pittsburgh, PA 15235**

**412-235-1721 Fax: 412-542-1704**

**lawrencew@urfreshstrt.com**

*Name of law firm*

**United States Bankruptcy Court  
Western District of Pennsylvania**

In re **Robin R Lutes**

Debtor(s)

Case No. **23-20120**

Chapter **13**

**VERIFICATION OF CREDITOR MATRIX**

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: **February 19, 2023**

**/s/ Robin R Lutes**

**Robin R Lutes**

Signature of Debtor